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DRUG POLICY

Rinvoq (upadacitinib)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate.

POLICY

Criteria for Initial Approval

A. Moderately to severely active rheumatoid arthritis (RA)

1. Authorization of 12 months may be granted for members who have previously received a biologic or targeted synthetic DMARD (e.g., Xeljanz, Olanercept) indicated for moderately to severely active rheumatoid arthritis.
2. Authorization of 12 months may be granted for treatment of moderately to severely active RA when any of the following criteria is met:
 - a.) Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20 mg/week).
 - b.) Member has an intolerance or contraindication to methotrexate (See Appendix A).

Continuation of Therapy

Authorization of 12 months may be granted for all members (including new members) who are using Rinvoq for an indication outlined in section II and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Other

For all indications: Member has had a documented negative TB test (which can include a tuberculosis skin test [PPD], an interferon-release assay [IGRA], or a chest x-ray)* within 6 months of initiating therapy for persons who are naïve to biologic DMARDs or targeted synthetic DMARDs (e.g., Xeljanz), and repeated yearly for members with risk factors** for TB that are continuing therapy with biologics.

*If the screening testing for TB is positive, there must be documentation of further testing to confirm there is no active disease. Do not administer upadacitinib to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of upadacitinib.

**Risk factors for TB include: Persons with close contact to people with infectious TB disease; persons who have recently immigrated from areas of the world with high rates of TB (e.g., Africa, Asia, Eastern Europe, Latin America, Russia); children less than 5 years of age who have a positive TB test; groups with high rates of TB transmission (e.g., homeless persons, injection drug users, persons with HIV infection); persons who work or reside with people who are at an increased risk for active TB (e.g., hospitals, long-term care facilities, correctional facilities, homeless shelters).

For all indications: Member cannot use Rinvoq concomitantly with any biologic DMARD, targeted synthetic DMARD, or potent immunosuppressants such as azathioprine or cyclosporine.

Appendices

Appendix A: Examples of Contraindications to Methotrexate

1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or planning pregnancy
10. Renal impairment
11. Significant drug interaction

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- N/A

REFERENCES

- Rinvoq [package insert]. North Chicago, IL; AbbVie, Inc.; August 2019.
- [Singh JA](#), [Saag KG](#), [Bridges SL Jr](#), et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol*. 2016;68(1)1-26.

- Smolen JS, Landewé R, Billsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. *Ann Rheum Dis.* 2017;0:1-18.
- Tuberculosis (TB). TB risk factors. Centers for Disease Control and Prevention. Retrieved on 21 June 2019 from: <https://www.cdc.gov/tb/topic/basics/risk.htm>.

POLICY HISTORY

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